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VIA FACSIMILE: (571) 273-8300

PATENT  
DON01 P-1152

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 2872  
Examiner : Alessandro V. Amari  
Applicant : Niall R. Lynain  
Serial No. : 10/709,434  
Filing Date : May 5, 2004  
For : MIRROR REFLECTIVE ELEMENT

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
Via Facsimile: (571) 273-8300

Dear Sir or Madam:

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office on the date shown below:

1. Claims As Amended Transmittal Sheet (1 page, in duplicate)
2. Response (12 pages)

YOU SHOULD RECEIVE A TOTAL OF 15 PAGES.

Date: February 27, 2006

Susan L. Gasper  
Susan L. Gasper  
Van Dyke, Gardner, Linn & Burkhardt, LLP  
2851 Charlevoix Drive, S.E., Suite 207  
P.O. Box 888695  
Grand Rapids, Michigan 49588-8695  
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TAF/slg

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 Alexandria, VA 22313-1450  
 Via Facsimile: 571-273-8300

Dear Sir or Madam:

Transmitted herewith is an amendment in the above identified application.  
 The fee has been calculated as shown below:

**CLAIMS AS AMENDED**

	Col. 1		Col. 2	Col. 3	Small Entity	Other Than Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate
Total Claims	* 11	Minus	** 21	= 0	x \$25	\$ .00	x \$50
Independent Claims	* 1	Minus	*** 3	= 0	x \$100	\$ .00	x \$200
First Presentation of Multiple Dependent Claims					\$180	\$ .00	x \$360
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>						\$ .00	\$ 0.00

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3

\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1.  Small entity status of this application has been established.
2.  No additional Fee is required.
3.  A check in the amount of \$ \_\_\_\_\_ is attached.
4.  Please charge any additional fees or credit overpayment to Deposit Account No. 22-0190.  
 A duplicate copy of this sheet is attached.

VAN DYKE, GARDNER, LINN & BURKHART, LLP

Date: February 27, 2006

By Timothy A. Flory

Timothy A. Flory, Registration No. 42 540  
 2851 Charlevoix Drive, S.E.  
 P.O. Box 888695  
 Grand Rapids, Michigan 49588-8695

TAE/15

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Dear Sir or Madam:

RESPONSE

Responsive to the Office Action mailed November 28, 2005, Applicant wishes to amend the application as follows:

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 6 of this paper.

**Remarks** begin on page 9 of this paper.